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## Workshop Topics

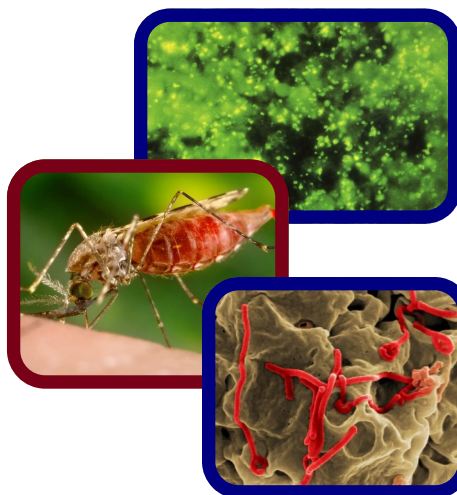
- Ebola
- Chikungunya
- Anti-Vaccination Movement
- Biosafety
- Brucella /Francisella
- Recent Outbreak Responses (Legionella, Salmonella, Enterovirus D-68, Norovirus)
- Emerging Technology

# 2015 LRN Workshop Series: Outbreak Response

**Presented by the Tennessee Department of Health  
Division of Laboratory Services**

## Course Description

The Laboratory Response Network (LRN) workshop is a full day course that covers a variety of topics. This year's topics were specially selected from the many suggestions made by laboratorians last summer across the state.



As the course has been designed for Clinical Laboratory Scientists who work in Tennessee, they are given admission preference.

## Presented 8:00 AM-4:00 PM Local Time

Wednesday, June 24

Johnson City

North East Regional Health Office (Warehouse)

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Thursday, June 25

Knoxville

Knox County Health Department

• • •

Thursday, July 9

Cookeville

Upper Cumberland Regional Health Office

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Thursday, July 23

Chattanooga

Southeast Regional Health Office

Tuesday, August 11

Nashville

Mid-Cumberland Regional Health Office

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Wednesday August 12

Nashville

Mid-Cumberland Regional Health Office

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Wednesday, August 26

Memphis

St. Francis Hospital

• • •

Thursday, August 27

Jackson

Jackson Madison County Health Department

**6.5 Contact  
Hours of  
Continuing  
Education Credit  
for State  
Licensure  
Requirements!**

**Tennessee Department of Health  
Division of Laboratory Services**

**630 Hart Lane**

**Nashville, TN 37243**

**Phone: 615-262-6355**

**Fax: 615-262-6360**



## Applicant Information

Please Note: Your e-mail address is what we use to track your application and participation in the workshop. Be sure to use the same e-mail address in all forms relating to your workshop participation. This e-mail will also be our primary means of communication with you. If you do not have an e-mail address, please provide a telephone number at which you may be reached during weekday business hours. Please provide the requested information, fill out the application clearly and mail or fax to the information above. You may also e-mail the scanned form to: [labworkshopapps.health@tn.gov](mailto:labworkshopapps.health@tn.gov)

**\*Required Fields**

*Name (First & Last):			*E-Mail Address:
Facility Name (Please Spell Out):			*Daytime Phone:
Facility Address:			Fax Number:
Number Suite #	Street	*What is Your Job Title?	
City	State	Zip Code	*MT/MLT TN State License Number:

Select One Date from the Classes/Locations Below:

☐

Wed, June 24  
Johnson City

☐

Thurs, June 25  
Knoxville

☐

Thurs, July 9  
Cookeville

☐

Thurs, July 23  
Chattanooga

☐

Tues, Aug. 11  
Nashville

☐

Wed, Aug. 12  
Nashville

☐

Wed, Aug. 26  
Memphis

☐

Thurs, Aug. 27  
Jackson